

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 52443.75		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6798		
Purpose of Expenditure Payroll estimate for canvassers 10/27-11/8 FL		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		315466.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Headway Workforce Solutions			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount 52443.75		
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6800		
Purpose of Expenditure Payroll estimate for canvassers 10/27-11/8 FL		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2016		
Name of Federal Candidate MURPHY, PATRICK E, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		192925.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104887.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,
 Signature

[Electronically Filed]

Date **10 / 28 / 2016**